Original - Court 1st copy - Payer 2nd copy - Payee 3rd copy - Friend of the Court

Approved, SCAO

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

REFEREE FINDINGS AND RECOMMENDATION FOR ORDER AFTER HEARING ON BENCH WARRANT/SHOW CAUSE (SUPPORT) (PAGE 1)

CASE NO.

COUNTY			BENCH WARRANT/SHOW CAUSE (SUPPORT) (PAGE 1)				
Court address		<u> </u>		- ,		Court telephone no.	
Plaintiff's name and address					1. Date of hearing: Referee: Bar no.		
	V			Na	me of p	ayer:	
Defendant's name and address					Date of support order:		
				FINDI	FINDINGS:		
					b. \square PI with	er was served with the support order. aintiff Defendant was served an order requiring him/her to obtain or tain health care coverage.	
,- =	was personally		ved with: 🔲 a bench mail.	warrant	der to sh	now cause/adjournment notice	
4. Payer did not appear. did appear. Attorney name was present Attorney name Bar no. 5. Payee did not appear. did appear. Attorney name Bar no.							
6. The pay		Current Amou	Frequency int of Payment	Overdue Amount			
a. Child S	a. Child Support				The	overdue amounts were computed	
b. Spous	b. Spousal Support				throu	gh	
c. Fixed Obligation						are subject to an audit. The last	
d. Confinement/ Medical Expenses					payn	nent was made on	
e. Service	e Fees				Date		
f. Other							
			Tota	al			
☐ b. Pa	yer has no	current incom	e. v to pay support.				
☐ 8. Payer h	as other so	ources of incom	e or currently availabl	e resources as follow	s:		

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STATE OF MICHIGAN

REFEREE FINDINGS AND RECOMMENDATION

CASE NO.

	JUDICIAL CIRCUIT COUNTY	FOR ORDER AFTER HEARING ON BENCHWARRANT/SHOW CAUSE (SUPPORT) (PAGE 2)						
Court	address		Court telephone no.					
Plainti	ff	v Defendant						
□ 9.		does does not have health care cover t, or as an optional coverage for dependents on a po	age available to him/her at a reasonable blicy already obtained by the health					
□ 10). \$	performance bond was posted.						
□ 11	. Payer has the capacity to pay	out of currently available resources \$	of the amount due.					
□ 12	☐ 12. By the exercise of due diligence, the payer could have the capacity to pay all or some portion of the amount due. (specify)							
□ 13	3. Referral to work activity	is required. is not required for good cause	as stated on the record.					
□ 14	l. Remarks:							
15.		st a de novo hearing as defined in MCR 3.215 by filing 21 days after this recommendation is served. The p f hearing on the other party.						
Based upon these findings the referee recommends entry of the attached order (FOC 6).								
Date		Referee signature						